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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/785,320	02/24/2004	Joseph F. Foss	P0453.70113US03	9706

7590 03/05/2008  
Edward R. Gates  
Wolf, Greenfield & Sacks, P.C.  
600 Atlantic Avenue  
Boston, MA 02210

EXAMINER
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SPIVACK, PHYLLIS G

ART UNIT	PAPER NUMBER
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1614

MAIL DATE	DELIVERY MODE
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03/05/2008

PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

<b>Interview Summary</b>	<b>Application No.</b> 10/785,320	<b>Applicant(s)</b> FOSS ET AL.	
	<b>Examiner</b> Phyllis G. Spivack	<b>Art Unit</b> 1614	

All participants (applicant, applicant's representative, PTO personnel):

(1) Phyllis G. Spivack. (3)\_\_\_\_\_.

(2) Zoran Z. Zdraveski, Ph.D.. (4)\_\_\_\_\_.

Date of Interview: 2-25-08.

Type: a) ☒ Telephonic b) ☐ Video Conference  
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No.

If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 1-8.

Identification of prior art discussed: \_\_\_\_\_.

Agreement with respect to the claims f) ☒ was reached. g) ☐ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Dr. Zdraveski confirmed abandonment of S.N. 10/785320.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action. \_\_\_\_\_  
Examiner's signature, if required